

CITY OF MILWAUKEE
PROPERTY RECORDING APPLICATION
(As required by City Ordinance 200-51.5)

SECTION 1: FILING AN APPLICATION

PLEASE TYPE OR PRINT IN INK!

Application type selection: New Application, Update Application, etc.
Fees: \$81.12 fee for each taxkey, etc.
Date of property transfer: ___/___/___ (Month/Day/Year)

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number: _____
Property Address: _____
Residential Units: _____
ADDITIONAL PROPERTY LIST ATTACHED (Y/N) _____
NUMBER OF PROPERTIES ON ATTACHED LIST _____

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS. ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

3A: Owned by Person (s)
OWNER 1: Each person or entity listed on title of the property must be listed separately.
Form fields for Owner 1: Last Name, First Name, MI, Jr., III, etc., Date of Birth, Address, City, State, Zip Code, Phone, Business, etc.
Similar form for Owner 2.

3B: Owned by Legal Entity Registered with the Respective State Agency
* All of the information entered in 3B must match the Registration Information on File with the Respective State Agency!
Form fields: Check One (Corporation, etc.), Name of Legal Entity, Business Phone, Registered Agent's info, etc.

TRUSTOR ESTATE

3C: Owned by Trust, Estate or Other

Check One: ☐ Trust ☐ Estate ☐ Other (specify) _____

Phone (____) _____ - _____

Name of Trust, Estate or Other _____

Trustee or Personal Representative's Last Name _____ First Name _____ MI _____ Jr., III, etc. _____

Address where Personal Representative or Trustee resides _____ City _____ State _____ Zip Code _____

Ownership Type *MUST be selected: (CHECK ONLY ONE)*
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - specify _____

PREFERRED MAILING ADDRESS (optional):
P.O. Box or Street Address _____ City _____ State _____ Zip Code _____

SECTION 4: OPERATOR (Person or entity tending to property on behalf of the owner.) * Note: Operator is required if owner does not reside or have a business located in one of the counties listed here.

Operator must reside or have a business in one of the following counties: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington or Waukesha.

Check one of the five boxes in this section and complete accordingly:

☐ Person ☐ Corporation* ☐ Limited Partnership* ☐ Limited Liability Company* ☐ Limited Liability Partnership*

Name of Person or Legal Entity _____ Corporate I.D.# _____

Date of Birth: ____/____/____
(Month/Day/Year)

Registered Agent's Last Name _____ First Name _____ MI _____ Jr., III, etc. _____

Address _____ City _____ State _____ Zip Code _____

Check One: ADDRESS – Home () PHONE – Home (____) ____-____-____
Business () Business (____) ____-____-____

* Information must match Corp File!

Operator Signature must be notarized or application will be rejected.

Operator Statement (revised 10/10/2008)

I, _____, as operator for all properties
(Print Name Please)

recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I will accept service on behalf of the owner for violations of the Milwaukee Code of Ordinances for Orders regarding these properties.

Operator's Signature _____ Date ____/____/____

State of _____

County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal, if any)

My Commission Expires ____/____/____

SECTION 5: PREFERRED PRIMARY CONTACT If this person is listed in sections three or four you need only provide the name.

Last Name _____ First Name _____ MI _____ Jr., III, etc. _____

Street Address _____ City _____ State _____ Zip Code _____

Check One: ADDRESS – Home () PHONE – Home (____) ____-____-____
Business () Business (____) ____-____-____

SECTION 6: SIGNATURES All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes.

Owner 1 Signature _____

Owner 2 Signature _____

Officer of Legal Entity _____

Trust, Estate or Other _____

Title of above Signatory _____
(Signature must be notarized or application will be rejected.)

State of _____

County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal, if any)

My Commission Expires ____/____/____

NOTE: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE

Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services

841 N. Broadway RM 105, Milwaukee, WI 53202-3613

